MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

51 b 12423

Reg. Dist. No. 10B

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:

County Charles

City or town Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred:
" Newtown"

How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Charles

City or town Spring Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. " Newtown"
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Charles Henry Barnes

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 14, 1886

8. AGE: Years 62 | Months 7 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace Wash., D.C.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name John Barnes

13. Birthplace Chevy Chase, Md.

MOTHER 14. Maiden name Josephine Mattingly

15. Birthplace Oxon Hill, Md.

16. Informant Wm. McFallin

Address Spring Hill, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-17-48 (month) (day) (year)

Cemetery or crematory M.E. Duntsville

Location Duntsville Md

18. Funeral director Smith & Poynor

Address Waldorf Md

19. 12/16 (Date rec'd by registrar) 1948 M L Mosher Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1948, at 11 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4, 1948, to Dec. 14, 1948 and that I last saw h.im alive on Dec 4, 1948

Immediate cause of death	DURATION
Carcinoma of the prostate	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. MacKenzie, M.D.
M. D. or other

Address La Plata Md Date signed 12-15-48

12424

125 b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: County Charles; City or town La Plata (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Charles

City or town Rural Charlotte Hall (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hunt Frank Benton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Ruth Benton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1907

8. AGE: Years 41 | Months | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Daniel W. Benton

13. Birthplace Va

MOTHER 14. Maiden name Ella Carter

15. Birthplace Va

16. Informant Ruth Benton

Address Charlotte Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/14/48 (month) (day) (year)

Cemetery or crematory Trinity

Location Newport, Md

18. Funeral director Hiett & Reyon

Address Waldorf, Md.

19. 12-13 19 48 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 12 19 48, at 12 20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-9 19 48, to 12-12 19 48 and that I last saw h. alive on 12-12 19 48

Immediate cause of death	DURATION
ACUTE TOXIC HEPATITIS,	
(ETHANOL)	4 WEEKS
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE John N. Griffin M.D. M. D. or other

Address HUGHESVILLE, MD. Date signed 12/13/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12425

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:
County Charles
City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Physicians Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Maryland Point
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Angeline Bawie

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1872

8. AGE: Years 76 | Months | Days 8 | If less than one day hrs. min.

9. Birthplace Uniontown Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James E. Tucker Sr.
13. Birthplace Washington D.C.

MOTHER 14. Maiden name Marie Louise Brimmer
15. Birthplace Fredericksburg Va

16. Informant Samuel I Bawie
Address Maryland Point, Md

17. Burial, cremation, or removal. Which? Burial Date thereof 12/19/48 (month) (day) (year)
Cemetery or crematory Nanjemoy Baptist
Location Nanjemoy, Md.

18. Funeral director Hewitt & Ryon
Address Waldorf, Md.

19. 12/18 1948 (Date rec'd by registrar) W. P. Somers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1948 at 10:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-13 1948 to 12-16 1948 and that I last saw her alive on 12-15 1948

Immediate cause of death Coronary Occlusion — DURATION 12-12-48
Due to Arteriosclerosis Coronary
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Rodelen M.D.
Address La Plata, Md. M.D. or other
Date signed 12-16-48

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a 12426

FILM No. G 118 DEC 15 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 103

1. PLACE OF DEATH:

County: Charles

City or town: Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? En route

Hospital, Institution, or street address where death occurred:

U.S. highway # 301

How long in hospital or institution? Dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Faulkner

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Eugene Frederick Chase

3.(b) Social Security Number: 212-14-3313

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If age, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 25 ~~1948~~ 1905

8. AGE: Years	Months	Days	If less than one day
43			..... hrs. ..... min.

9. Birthplace: Newberg md (Town, county, and state)

10. Usual occupation: Saw mill laborer

11. Industry or business

FATHER 12. Name: James Chase

13. Birthplace: Faulkner md

MOTHER 14. Maiden name: Amelia Chapman

15. Birthplace: Faulkner md

16. Informant: Amelia Chase (mother)

Address: Faulkner md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-17-48 (month) (day) (year)

Cemetery or crematory: St Ignatius

Location: Bel Alton md

18. Funeral director: Hunter & Ryon

Address: Waldorf Md

19. 12/16 1948 W. L. Mackenzie Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 4, 1948, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on December 4, 1948, to 19..., and that I last saw him on Dec. 4, 1948

Immediate cause of death	DURATION
Natural causes,	
probably coronary occlusion	7-8 hrs.
Due to: Unknown	
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L. MacKenzie, M.D. Deputy Medical Examiner (M. D. or other)

Address: La Plata, Md Date signed 12-4-48

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

130

12427

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Welcome
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Benjamin Barnes Compton II

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1943

8. AGE:

Years	Months	Days	If less than one day
5	11	15	...hrs. ...min.

9. Birthplace: La Plata, Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Emanuel M. Compton
13. Birthplace: Chas. Co. Md.

MOTHER
14. Maiden name: Agnes Rice
15. Birthplace: Chas. Co. Md.

16. Informant: Emanuel M. Compton
Address: Welcome, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) 12 (day) 24 (year) 48
Cemetery or crematory: St. Ignatius
Location: Bel Alton, Md.

18. Funeral director: Hunter & Ryon
Address: Waldorf, Md.

19. 12-24 19 48 (Date rec'd by registrar) Jno. H. Ryon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 21 December 19 48, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 13 December 19 48, to 21 Dec 19 48 and that I last saw h.i.m. alive on 21 December 19 48

	DURATION
Immediate cause of death: Uremia and anuria	12 hrs
Due to: Nephrosis with marked edema, reversal of the A:G ratio, etc.	several weeks.
Due to:	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings of operation: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: J. O. Woodby M.D.
M. D. or other
Address: La Plata, Md. Date signed 21 Dec 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12428

83a

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:
County Charles
City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians' Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Chas.
City or town Waldorf
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME George R. Cozen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6.(b) Name of husband or wife Sarah Cozen
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1877

8. AGE: Years 71 Months Days If less than one day hrs. min.

9. Birthplace Friendly Pr. Geo. Md
(Town, county, and state)

10. Usual occupation Sexton

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden name Mary "
15. Birthplace

16. Informant Sarah Cozen
Address Waldorf, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-12-48 (month) (day) (year)
Cemetery or crematory St. Paul's
Location Waldorf

18. Funeral director Hunt & Ryon
Address Waldorf, Md

19. 12-13- 1948 Julia H. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 9 1948, at 11 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 5 1948, to DECEMBER 9 1948
and that I last saw h.i.m. alive on DECEMBER 9 1948

Immediate cause of death	DURATION
CEREBRAL HEMORRHAGE, LEFT	4 days
Due to GENERALIZED ARTERIO-SCLEROSIS	Unknown
Due to HYPERTENSION	Unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John H. Griffin M.D.
M. D. or other
Address Hughesville, Md Date signed 12/10/48

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a 12429

Reg. Diat. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Maynard Gibbons

3.(b) Social Security Number

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Married

8.(b) Name of husband or wife: Ruth Gibbons
8.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 21, 1884

8. AGE: Years: 64 | Months: 6 | Days: 27 | If less than one day: ... hrs. ... min.

9. Birthplace: Welcome, md
(Town, county, and state)

10. Usual occupation:
11. Industry or business: Nagel Powder Factory

FATHER
12. Name: John P. Gibbons Jr.
13. Birthplace: Chas. Co. Md.

MOTHER
14. Maiden name: Clodia Franklin
15. Birthplace: Chas. Co. Md.

18. Informant: Mrs Ruth Gibbons
Address: Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/48 (month) (day) (year)
Cemetery or crematory: Cedar Hill
Location: Suitland, Md.

18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.

19. 12/14 19... Edey Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13 1948, at 12:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1948, to December 1948
and that I last saw h.i.m. alive on December 12 1948

	DURATION
Immediate cause of death: Cerebral hemorrhage	7 hours
Due to: Cerebral arteriosclerosis	10 years
Due to:	
Other conditions: Right hemiparesis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: None made
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. A. O'Donoghue M.D.
M. D. or other
Address: 103-Strauss Ave. Indian Head Date signed: Dec. 14, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10-8

12430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-10

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Houston County: Harris

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ella K. Green

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William Green

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 29 1860

8. AGE: Years	Months	Days	If less than one day
88	one	13	2 hrs. ... min.

9. Birthplace: Rockport City (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Charles Haviland

13. Birthplace: Norwalk Conn.

MOTHER

14. Maiden name: Mary Bender

15. Birthplace: Unknown

16. Informant: Mrs Eleanor Wilson

Address: Indian Head Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec 15 48 (month) (day) (year)

Cemetery or crematory: Forest Hill

Location: Houston Texas

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. 12-13 1948 (Date rec'd by registrar) Julia L. Penny Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11 1948, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1948 to Dec 11 1948 and that I last saw her alive on Dec 10 1948

Immediate cause of death	DURATION
Myocarditis	
Due to Colostomy Operation	
Due to Ulcerative Colitis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George O. Bicknell M.D. M. D. or other

Address: Waldorf Md Date signed: Dec 11 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

782.4 / 200a

12431 / 105 106

Reg. Dist. No.

1. PLACE OF DEATH: Charles
County
City or town Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Bertie T. Grigsby

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife Verzie Mae Grigsby
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13. 1887

8. AGE: Years	Months	Days	If less than one day
61	6	7	hrs. min.

9. Birthplace King George County, Va.
(Town, County, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm

FATHER
12. Name Marcess Grigsby
13. Birthplace King George County Va.

MOTHER
14. Maiden name Mary Taylor
15. Birthplace King George Co. Va.

16. Interment Mrs. Wm Franklin
Address P.O. Bryans Road. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22 1948 (month) (day) (year)
Cemetery or crematory Sh. Ch Methodist Church Cem.
Location Bryans Road. Md
18. Funeral director Hunt & Ryon
Address Waldorf. Md
19. 12/22 1948 W. L. Mowry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 1948 to Dec. 20 1948 and that I last saw h[illegible] alive on December 19 1948

Immediate cause of death	DURATION
Acute Myocardial Failure	1 day.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank G Susan M.D.
M. D. or other
Address Indian Head Md. Date signed 12-20-48

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12432

95C

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County Charles

City or town Tompkinsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Tompkinsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph W. Hardesty

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1902

8. AGE: Years 46 | Months 8 | Days 22 | If less than one day hrs. min.

9. Birthplace Bonds Ville (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas F. Hardesty

FATHER 13. Birthplace Bonds Ville

MOTHER 14. Maiden name Lillie Davis

MOTHER 15. Birthplace St. Marys Co. Md.

16. Informant Mrs. Wm. Williams

Address Nanjemoy

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/28/48 (month) (day) (year)

Cemetery or crematory Trinity

Location Newport, Md.

18. Funeral director Hewitt & Wynn

Address Waldorf, Md.

19. 12/27 1948 W. P. Mears

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 1948 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1948 to 1948

and that I last saw h alive on 1948

Immediate cause of death	DURATION
Heart attack	
sudden	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. L. Hazelwood M. D. or other

Address Waldorf Date signed 12-24-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1572

12433
105

Reg. Dist. No. .....

M

C

1. PLACE OF DEATH: Charles
County .....
City or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, Institution, or street address where death occurred:
.....
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Charles
City or town Hughesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. .....
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME: THERESA ELIZA PLATER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife .....
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) DECEMBER 17, 1948

8. AGE: Years — Months — Days 5 If less than one day ..... hrs. ..... min.

8. Birthplace HUGHESVILLE, CHARLES, MD.
(Town, county, and state)
10. Usual occupation INFANT
11. Industry or business —

FATHER
12. Name LEWIS PLATER
13. Birthplace CHARLOTTE HALL, MD.

MOTHER
14. Maiden name ROSE JENIFER
15. Birthplace HUGHESVILLE, MD.

16. Informant LEWIS PLATER
Address HUGHESVILLE MD.
17. Dec 25 Burial (Burial, cremation, or removal. Which?) Date thereof 12/23/48 (month) (day) (year)
Cemetery or crematory St Marys
Location Bryantown
18. Funeral director Lewis Gantt, Father
Address Hughesville
19. 12/22 1948 M. F. Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 22 1948 at 3 30 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DECEMBER 17 1948 to DECEMBER 24 1948
and that I last saw h ER alive on DECEMBER 21 1948

Immediate cause of death	DURATION
CONGENITAL HEART DISEASE	5 DAYS
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE John H. Griffin M.D.
M. D. or other
Address HUGHESVILLE, MD. Date signed 12/22/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M